

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155171		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/30/2012	
NAME OF PROVIDER OR SUPPLIER  FRANKLIN MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 1285 W JEFFERSON ST FRANKLIN, IN 46131			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 23, 24, 25, 26, 27 and 30, 2012.</p> <p>Facility number: 000087 Provider number: 155171 AIM number: 100289890</p> <p>Survey team: Marcy Smith RN TC Patti Allen BSW Leia Alley RN Dinah Jones RN</p> <p>Census bed type: SNF/NF: 101 Total: 101</p> <p>Census payor type: Medicare: 7 Medicaid: 80 Other: 14 Total: 101</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 5/3/12 Cathy Emswiller RN</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey Revisit on or after May 25, 2012.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0253 SS=E	<p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>Based on observation and interview the facility failed to ensure 2 of 4 nursing corridors were free of a strong, musty odor. This had the potential to effect 64 residents residing on A and B corridors. [Residents #4, #49, #67 and #124]</p> <p>Findings include:</p> <p>During an environmental tour on 4/26/12 at 2:00 p.m. with Housekeeping Supervisor, there was an strong, musty odor, on the A Hall which seemed to be coming from resident #49's room. Housekeeping staff was mopping and doing finishing touches. The odor was still evident in the room and corridor. \</p> <p>In an interview with Housekeeping Supervisor at this time she indicated she could smell the odor in the room and corridor, but did not know what was causing it.</p>		F0253	<p><b>F 253 HOUSEKEEPING &amp; MAINTENANCE SERVICES</b></p> <p>It is the practice of this provider to ensure housekeeping and maintenance services are provided to maintain a sanitary, orderly, and comfortable interior.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</b> Room #s 4, 49, 67, and 124 are odor free. Residents #4, #49, #67, and #124 have had the packaged terminal air conditioner (PTAC) units in their rooms switched over to vent instead of re-circulate, this allowing additional outside air to be introduced into the building. The electric exhaust vents in the resident bathrooms were turned to the on position.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be</b></p>		05/25/2012	

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	<p>While continuing environmental tour on corridor B and close to resident #4's room there was a strong foul odor in the room which permeated the corridor.</p> <p>During an interview with the Housekeeping Supervisor during this tour, she indicated the odor was there and she had been battling the odor for sometime and indicated it might be coming from a wound.</p>			<p><b>identified and what corrective action(s) will be taken</b></p> <p>Residents that reside on A and B corridors have the potential to be affected by the alleged deficient practice. The packaged terminal air conditioner (PTAC) units on each corridor have been switched over to vent from re-circulate to allow additional outside air to be introduced into the facility.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</b></p> <p>The packaged terminal air conditioner (PTAC) units on each corridor have been switched over to vent from re-circulate to allow additional outside air to be introduced into the facility. The DNS/Designee will in-service nursing and housekeeping staff by 5/18/12. Nursing and housekeeping staff will be educated to turn the exhaust fan on in the resident bathrooms while being utilized or as needed. The Housekeeping Supervisor/Designee will make daily rounds to ensure for the</p>			

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	<p>During an observation of the room belonging to Resident #4, on 4/24/12 at 3:00 p.m., a very strong smelling odor was noted in the room, and noted to be permeating to the hallway. The odor was observed on several occasions including, 4/26/12 at 2:00 p.m. and 4/27/12 at 10:30</p>			<p>proper use of resident bathroom exhaust fans.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes will be completed</b></p> <p>An environmental CQI tool will be utilized by the ED/Designee to monitor the corridors for proper use of exhaust fans and non-lingering odors daily x 7, weekly x 4, monthly x 2, and quarterly until continued compliance is maintained for two consecutive quarters. The CQI Committee will review the CQIs monthly. If at any time the threshold falls below 95% an action plan will be initiated.</p>			

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	<p>a.m.</p> <p>During an interview with Resident #4's family member on 4/25/12 she indicated that the building was older and needed some repairs, but did not indicate she is bothered by the smell in the room.</p> <p>During an interview with the Executive Director on 4/27/12 at 2:30 p.m. she indicated the QAA (Quality Assessment and Assurance) team had discovered issues in regards to odors in the facility. She indicated they felt the facility would need to replace their ventilation system. She also indicated the resident restrooms have showers in them, and some showers were not used because residents went to the main shower area. Since no water was running in those drains they seemed to let off an odor. She indicated the CNA's were supposed to be running water down those drains when they were assisting residents in the rest room.</p> <p>4/23/12 11:00 AM Observation of resident B Hall indicated a strong musty odor emanating from the room of Resident #49. An interview with residents #67 and #124 indicated they had reported the odor to the staff without results. Residents 67 and 124 both indicated they strongly</p>						

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	disliked the continuing odor.  3.1-19(f)						

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F0329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview the facility failed to ensure alternative interventions were attempted prior to giving an as needed anti-anxiety medication for 1 of 11 residents reviewed for psychoactive medications in a total sample of 40 (Resident #105) and a Gradual Dose Reduction (GDR) was attempted for 1 of 10 residents reviewed for unnecessary medication usage in a total sample of 40. (Resident #83)</p>		F0329	<p><b>F329 DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</b> It is the practice of this provider to ensure each resident's drug regimen is free from unnecessary drugs. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice</b> The psychologist evaluated resident #105 and believes his psychoactive medication would benefit him by being given on a routine basis for anxiety. A physicians order has been</p>		05/25/2012	



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	<p>Findings include:</p> <p>1. The record of Resident #83 was reviewed 4/25/12 at 1:00 p.m.</p> <p>Diagnoses for Resident #83 included, but were not limited to, severe mental retardation with dementia, masked major depression disorder and anxiety.</p> <p>A physician's order, originating 9/13/10 indicated Resident #83 was to receive Zyprexa (an anti-psychotic medication) 2.5 milligrams (mg) in the a.m. and 5 mg. in the p.m.</p> <p>A physician's order, originating 5/18/10, indicated Resident #83 was to receive Klonopin (an anti-anxiety medication) 0.5 mg 1 tablet in the a.m. and 2 tablets in the p.m.</p> <p>A care plan for Resident #83, updated 12/15/11 and updated 2/16/12, indicated she was at risk for adverse side effects related to the use of psychotropic medications. Interventions included to "review routinely to attempt gradual dose reductions, unless contraindicated by MD."</p> <p>Further information was requested from the Director of Nursing (DON) on</p>				<p>obtained for resident #105 to receive the psychoactive medication on a routine basis. An annual GDR assessment will be completed to evaluate the need for resident #105s psychoactive medications. Resident #83 was seen by the psychologist who recommended no further gradual dose reductions for Zyprexa and Klonopin due to resident receiving the optimal dose that benefits the resident's function and activities of daily living and a reduction is likely to impair the resident's function or increase distressed behavior. A physicians order has been obtained for resident #83 to receive the anti-psychotic and anti-anxiety medications. An annual assessment for gradual dose reductions will be completed to evaluate the need for resident #83s psychotropic medications.</p> <p><b>How other residents</b></p> <p>having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken All residents on psychoactive medications have the potential to be affected by this alleged deficient practice. An audit was completed by the DNS for all residents currently taking psychoactive medications either routinely or on an as needed basis. All unnecessary</p>		

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	<p>4/25/12 at 2:00 p.m. regarding Gradual Dose Reductions for Zyprexa and Klonopin for Resident #83. On 4/26/12 at 1:30 p.m. she indicated she had no further information on assessments for GDRs for Klonopin and Zyprexa within the last 12 months.</p> <p>During an interview with the Social Services Director on 4/27/12 at 9:50 a.m. she indicated a behavior management team, consisting of social service, pharmacy, psych, the memory care coordinator and 1 unit manager, met 1 time per month and GDR's were brought up for consideration at that time. She was unaware assessments for GDR's had to be done yearly.</p> <p>2. The record of Resident #105 was reviewed on 4/26 at 10:00 a.m.</p> <p>Diagnoses for Resident #105 included, but were not limited to, delusional disorder, depressive disorder, failure to thrive and senile dementia.</p> <p>Resident #105 had a physician's order, dated 4/9/12, for Ativan (an anti-anxiety medication) 0.5 milligrams sub lingual every 4 hours as needed for anxiety or restlessness.</p>		<p>medications have been discontinued. An in-service will be conducted by the DNS/Designee by 5/18/12 for licensed nursing staff along with the social services director / memory care coordinator. This education will include our behavior management program with emphasis on using alternative interventions prior to giving an as needed psychoactive medication, gradual does reductions, and completing assessments annually for gradual does reductions.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</b> An audit was completed for all residents currently taking psychoactive medications either routinely or on an as needed basis. All unnecessary medications have been discontinued. An in-service will be conducted by the DNS/Designee by 5/18/12 for licensed nursing staff and the social services director / memory care coordinator. This education will include our behavior management program with emphasis on using alternative interventions prior to giving an as needed psychoactive medication, gradual does reductions, and annual GDR assessments. Licensed staff has been instructed to contact the DNS/Designee prior to the</p>				

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	<p>Review of a care plan for Resident #105, dated 1/5/12 and updated 4/9/12, indicated a problem behavior of crawling on the floor at times. Interventions included exploring reasons he was crawling on the floor i.e. toileting needs, hunger, thirst and resolve as possible.</p> <p>Review of a Behavior Flow Sheet for Resident #105 indicated a behavior of crawling on the floor and possible interventions of "#2 Explore reasons is getting up and crawling on floor i.e. toileting needs, hunger, thirsty, and resolve as possible."</p> <p>Review of the Medication Administration Records (MAR) for April, 2012 indicated Resident #105 received Ativan on 4/13/12, no time documented, 4/14/12 at 5:30 a.m. for restlessness and 4/16/12, no time documented. This MAR and a review of the residents Behavior Flow Sheet for April, 2012, did not indicate any alternative interventions were tried prior to giving the Ativan.</p> <p>During an interview with the Social Services Director on 4/27/12 at 10:00 a.m. she indicated nurses should always document on the MAR why the Ativan was given and what</p>				<p>administration of an as needed psychotropic medication to ensure non-medication intervention(s) were attempted. GDR tracker will be utilized to ensure GDR assessments are completed and GDR requests from the physician are timely. GDR tracker will be monitored by the Social Services Director/Designee. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes will be completed</b> A psychoactive medication/behavior management CQI monitoring tool will be completed by the DNS/Designee daily x 7, weekly x 2, monthly x 1 and then quarterly thereafter until continued compliance is maintained for two consecutive quarters. The CQI Committee will review the monitoring tools monthly. If at any time the threshold falls below 100% an action plan will be initiated. Non-compliance in this practice will result in education and/or disciplinary action of the responsible employee.</p>		

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	<p>interventions were tried prior to giving it. Then they should to go the residents behavior sheet and document which interventions were tried prior to giving it.</p> <p>3.1-48(b)(2) 3.1-48(a)(6)</p>						